



Grove City Planning Commission

CERTIFICATE OF APPROPRIATENESS

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

SEP 13 2016

GC PLANNING COMMISSION

grovecityohio.gov/development

TYPE OF REQUEST

<input checked="" type="checkbox"/> HPA New Construction and Renovations (See page 3 of 6)	<input type="checkbox"/> HPA Sign Appeal (See page 4 of 6)	<input type="checkbox"/> HPA Portable Sign Approval (See page 5 of 6)
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PROJECT / PROPERTY INFORMATION

PROJECT NAME: _____

PROJECT LOCATION: _____

STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION):

PARCEL ID NUMBER: 040-000075-00 ACREAGE AFFECTED BY THIS APPLICATION: _____

EXISTING ZONING: _____ EXISTING LAND USE: _____

PROPOSED ZONING: _____ PROPOSED LAND USE: _____

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

Name <u>Robert L. Hall, Jr.</u>	Address <u>3315 Columbus St</u>	City, State, Zip <u>Grove City, OH 43123</u>
Phone <u>Rob - 614-348-6479</u>	Fax <u>Carol - 614-348-6477</u>	Email <u>robthalljr@aol.com</u>
		Email <u>hallsangels1@aol.com</u>

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.

Name <u>Rob and Carol Hall</u>		
Address <u>3315 Columbus St.</u>	City <u>Grove City</u>	Company / Organization <u>OH 43123</u>
Phone <u>Rob - 614-348-6479</u>	Fax <u>Carol - 614-348-6477</u>	Email <u>robthalljr@aol.com</u>
		Email <u>hallsangels1@aol.com</u>

SUBMITTAL REQUIREMENTS

Instructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal is to include the required number of copies (properly folded and collated) and shall contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

	Fee Calculation	Submittal Items	(check box)
Application Fee:	\$ 50.00	Completed Application (signed and notarized):	<input type="checkbox"/>
		Submittal Fee:	<input type="checkbox"/>
		Ten (10) Copies of Plans (folded and collated):	<input type="checkbox"/>

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I Carol C Hall, the current property owner hereby authorize the applicant _____ to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: Carol C Hall Date: 9-16-16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements herein are true.

SUBSCRIBED AND SWORN TO before me this 16 day of September

Jean A. Haughn
Official Seal and Signature of Notary Public



JEAN A. HAUGHN
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JULY 17, 2017

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Carol C Hall, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: Carol C Hall Date: 9-16-16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 16 day of September 20 16

Jean A. Haughn
Official Seal and Signature of Notary Public



JEAN A. HAUGHN
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JULY 17, 2017

FOR OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER		